

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF VIRGINIA

Case number (if known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Norman

First Name

Dee

Middle Name

Johnson

Last Name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Nina

First Name

DeAnne

Middle Name

Johnson

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First Name

First Name

Middle Name

Middle Name

Last Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 5 0 8

OR

9xx - xx - _____

xxx - xx - 0 4 8 2

OR

9xx - xx - _____

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

About Debtor 1:

I have not used any business names or EINs. I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business names or EINs. I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

5. Where you live

1307 Garfield Avenue

Number Street _____

Number Street _____

Lynchburg VA 24501
 City State ZIP Code

City State ZIP Code

Lynchburg City

County _____

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street _____

Number Street _____

P.O. Box _____

P.O. Box _____

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
 (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.
 (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

8. How you will pay the fee

I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).

I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No
 Yes.

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

Debtor _____ Relationship to you _____

District _____ When _____ Case number, _____
MM / DD / YYYY if known

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No
 Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.
 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No
 Yes

18. How many creditors do you estimate that you owe?

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

19. How much do you estimate your assets to be worth?

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

20. How much do you estimate your liabilities to be?

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Norman Dee Johnson

Norman Dee Johnson, Debtor 1

Executed on **08/27/2019**

MM / DD / YYYY

X /s/ Nina DeAnne Johnson

Nina DeAnne Johnson, Debtor 2

Executed on **08/27/2019**

MM / DD / YYYY

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Margaret C. Valois

Signature of Attorney for Debtor

Date **08/27/2019**

MM / DD / YYYY

Margaret C. Valois

Printed name

James River Legal Associates

Firm Name

7601 Timberlake Road

Number Street

Lynchburg

City

VA

State

24502

ZIP Code

Contact phone **(434) 845-4529**

Email address **mv@vbclegal.com**

66034

Bar number

VA

State

Fill in this information to identify your case and this filing:

Debtor 1	First Name	Dee	Johnson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	DeAnne	Johnson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... → \$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1.

Make: Lexus

Who has an interest in the property?

Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$1,422.00

Current value of the portion you own?

\$1,422.00

Other information:

1997 Lexus ES

Check if this is community property
(see instructions)

3.2.

Make: Acura

Who has an interest in the property?

Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$12,700.00

Current value of the portion you own?

\$12,700.00

Other information:

2011 Acura MDX

Check if this is community property
(see instructions)

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ **\$14,122.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe..... **See continuation page(s).**

\$2,475.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe..... **Televisions (5), DVD Players (5), BlueRay Player, Stereo, Desktop Computer, Laptop Computer, Kindle Tablet, Ntendo Video Game and Accessories, Camera, Video Camera, Cell Phones (2)**

\$750.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe..... **Weight Set (\$100.00), Fishing Poles (10 poles, \$20.00 each), Glider, Elliptical Climber (\$150.00).**

\$450.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe..... **Clothing**

\$300.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe..... **Everyday Jewelry and Watches
Wedding/Engagement Rings**

\$500.00

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

Pets: Dogs (2)

\$75.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....



\$4,550.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash:

\$10.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1.	Checking account:	Wells Fargo Checking Account	\$1.00
17.2.	Checking account:	UVA Community Credit Union Checking Account	\$6.00
17.3.	Savings account:	Wells Fargo Savings Account	\$1.00
17.4.	Savings account:	UVA Community Credit Union Savings Account	\$5.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: **Fidelity (UVA) 403(B)**

\$1,625.93

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Money or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.						
28. Tax refunds owed to you							
<input type="checkbox"/> No							
<input checked="" type="checkbox"/> Yes. Give specific information about them, including whether you already filed the returns and the tax years.....	<table border="1"><tr><td>Federal: Anticipated Federal Income Tax Refund Prorata based on 2018 refund in the amount of \$1,981.00. Amt: \$1,981.00</td><td>Federal: <u>\$1,981.00</u></td></tr><tr><td>State: Anticipated State Income Tax Refund Prorata based on 2018 refund in the amount of \$180.00. Amt: \$180.00</td><td>State: <u>\$180.00</u></td></tr><tr><td></td><td>Local: <u>\$0.00</u></td></tr></table>	Federal: Anticipated Federal Income Tax Refund Prorata based on 2018 refund in the amount of \$1,981.00. Amt: \$1,981.00	Federal: <u>\$1,981.00</u>	State: Anticipated State Income Tax Refund Prorata based on 2018 refund in the amount of \$180.00. Amt: \$180.00	State: <u>\$180.00</u>		Local: <u>\$0.00</u>
Federal: Anticipated Federal Income Tax Refund Prorata based on 2018 refund in the amount of \$1,981.00. Amt: \$1,981.00	Federal: <u>\$1,981.00</u>						
State: Anticipated State Income Tax Refund Prorata based on 2018 refund in the amount of \$180.00. Amt: \$180.00	State: <u>\$180.00</u>						
	Local: <u>\$0.00</u>						
29. Family support <i>Examples:</i> Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement							
<input checked="" type="checkbox"/> No	Alimony: _____						
<input type="checkbox"/> Yes. Give specific information	Maintenance: _____						
	Support: _____						
	Divorce settlement: _____						
	Property settlement: _____						
30. Other amounts someone owes you <i>Examples:</i> Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else							
<input type="checkbox"/> No							
<input checked="" type="checkbox"/> Yes. Give specific information	<table border="1"><tr><td>Garnished Wages (UVA Medical Center as of 8/16/19)</td><td>\$1,005.12</td></tr></table>	Garnished Wages (UVA Medical Center as of 8/16/19)	\$1,005.12				
Garnished Wages (UVA Medical Center as of 8/16/19)	\$1,005.12						
31. Interests in insurance policies <i>Examples:</i> Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance							
<input checked="" type="checkbox"/> No							
<input type="checkbox"/> Yes. Name the insurance company of each policy and list its value.....	Company name: _____						
	Beneficiary: _____						
	Surrender or refund value: _____						
32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died							
<input checked="" type="checkbox"/> No							
<input type="checkbox"/> Yes. Give specific information	_____						
33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment <i>Examples:</i> Accidents, employment disputes, insurance claims, or rights to sue							
<input checked="" type="checkbox"/> No							
<input type="checkbox"/> Yes. Describe each claim.....	_____						
34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims							
<input type="checkbox"/> No							
<input checked="" type="checkbox"/> Yes. Describe each claim.....	<table border="1"><tr><td>Unknown or Undetermined Cause of Action</td><td>\$1.00</td></tr></table>	Unknown or Undetermined Cause of Action	\$1.00				
Unknown or Undetermined Cause of Action	\$1.00						

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

35. Any financial assets you did not already list

No

Yes. Give specific information

--	--

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$4,816.05

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

38. Accounts receivable or commissions you already earned

No

Yes. Describe..

--	--

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe..

--	--

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe..

--	--

41. Inventory

No

Yes. Describe..

--	--

42. Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

No

Yes. **Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?**

No

Yes. Describe....

--	--

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

44. Any business-related property you did not already list

No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes....

48. Crops--either growing or harvested

No
 Yes. Give specific information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes....

50. Farm and fishing supplies, chemicals, and feed

No
 Yes....

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$0.00

56. Part 2: Total vehicles, line 5 \$14,122.00

57. Part 3: Total personal and household items, line 15 \$4,550.00

58. Part 4: Total financial assets, line 36 \$4,816.05

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 \$0.00

62. Total personal property. Add lines 56 through 61..... \$23,488.05 Copy personal property total → + \$23,488.05

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$23,488.05

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

6. Household goods and furnishings (details):

Bedroom Furniture: Bedrooms (3)	\$750.00
Books, Pictures and Home Decor Items	\$50.00
Dishes, Pots and Pans, Utensils and Small Kitchen Appliances	\$75.00
Kitchen Table and Chairs (6)	\$250.00
Living Room Furniture: Sofa, Loveseat, Sectional Sofa	\$600.00
Refrigerator, Stove, Dishwasher, Washer and Dryer, Lawn Mower (push), Weed Eater	\$750.00

Fill in this information to identify your case:

Debtor 1	First Name Norman	Middle Name Dee	Last Name Johnson
Debtor 2 (Spouse, if filing)	First Name Nina	Middle Name DeAnne	Last Name Johnson
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
--------------------------------------------------------------------------------------------	--------------------------------------	-----------------------------------	------------------------------------

Brief description: 1997 Lexus ES (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$1,422.00</u>	<input checked="" type="checkbox"/> <u>\$1,422.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(8)
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Brief description: 1997 Lexus ES (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$1,422.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
-------------------------------------------------------------------------------------------------------------------------------------------	-------------------	-----------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>	
Brief description: 2011 Acura MDX (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$12,700.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(8)
Brief description: 2011 Acura MDX (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$12,700.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: Bedroom Furniture: Bedrooms (3) Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Brief description: Books, Pictures and Home Decor Items Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Brief description: Dishes, Pots and Pans, Utensils and Small Kitchen Appliances Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Brief description: Kitchen Table and Chairs (6) Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Brief description: Living Room Furniture: Sofa, Loveseat, Sectional Sofa Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Brief description: Refrigerator, Stove, Dishwasher, Washer and Dryer, Lawn Mower (push), Weed Eater Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>
Brief description: Televisions (5), DVD Players (5), BlueRay Player, Stereo, Desktop Computer, Laptop Computer, Kindle Tablet, Ntendo Video Game and Accessories, Camera, Video Camera, Cell Phones (2)	<u>\$750.00</u>	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4a)
Line from <i>Schedule A/B</i> : <u>7</u>			
Brief description: Weight Set (\$100.00), Fishing Poles (10 poles, \$20.00 each), Glider, Eliptical Climber (\$150.00).	<u>\$450.00</u>	<input checked="" type="checkbox"/> \$450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Line from <i>Schedule A/B</i> : <u>9</u>			
Brief description: Clothing	<u>\$300.00</u>	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(4)
Line from <i>Schedule A/B</i> : <u>11</u>			
Brief description: Everyday Jewelry and Watches Wedding/Engagement Rings (1st exemption claimed for this asset)	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Line from <i>Schedule A/B</i> : <u>12</u>			
Brief description: Everyday Jewelry and Watches Wedding/Engagement Rings (2nd exemption claimed for this asset)	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(1a)
Line from <i>Schedule A/B</i> : <u>12</u>			
Brief description: Pets: Dogs (2)	<u>\$75.00</u>	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(5)
Line from <i>Schedule A/B</i> : <u>13</u>			
Brief description: Cash on Hand	<u>\$10.00</u>	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Line from <i>Schedule A/B</i> : <u>16</u>			
Brief description: Wells Fargo Checking Account	<u>\$1.00</u>	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Line from <i>Schedule A/B</i> : <u>17.1</u>			

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>
Brief description: Wells Fargo Savings Account Line from <i>Schedule A/B</i> : <u>17.3</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: UVA Community Credit Union Checking Account Line from <i>Schedule A/B</i> : <u>17.2</u>	<u>\$6.00</u>	<input checked="" type="checkbox"/> \$6.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: UVA Community Credit Union Savings Account Line from <i>Schedule A/B</i> : <u>17.4</u>	<u>\$5.00</u>	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: Fidelity (UVA) 403(B) Line from <i>Schedule A/B</i> : <u>21</u>	<u>\$1,625.93</u>	<input checked="" type="checkbox"/> \$1,625.93 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-34
Brief description: Anticipated Federal Income Tax Refund Prorata based on 2018 refund in the amount of \$1,981.00. (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>28</u>	<u>\$1,981.00</u>	<input checked="" type="checkbox"/> \$1,321.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: Anticipated Federal Income Tax Refund Prorata based on 2018 refund in the amount of \$1,981.00. (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>28</u>	<u>\$1,981.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(9)
Brief description: Anticipated State Income Tax Refund Prorata based on 2018 refund in the amount of \$180.00. (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>28</u>	<u>\$180.00</u>	<input checked="" type="checkbox"/> \$120.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: Anticipated State Income Tax Refund Prorata based on 2018 refund in the amount of \$180.00. (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>28</u>	<u>\$180.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26(9)

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>
Brief description: Garnished Wages (UVA Medical Center as of 8/16/19) Line from <i>Schedule A/B</i> : <u>30</u>	<u>\$1,005.12</u>	<input checked="" type="checkbox"/> <u>\$1,005.12</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: Unknown or Undetermined Cause of Action (1st exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>34</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4
Brief description: Unknown or Undetermined Cause of Action (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>34</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-28.1
Brief description: Unknown or Undetermined Cause of Action (3rd exemption claimed for this asset) Line from <i>Schedule A/B</i> : <u>34</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 65.2-531

Fill in this information to identify your case:

Debtor 1	First Name	Dee	Johnson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	DeAnne	Johnson
	Middle Name		Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
-------------------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------

2.1	Describe the property that secures the claim: Exeter Finance, LLC Creditor's name PO Box 166097 Number Street	\$17,962.46	\$12,700.00	\$5,262.46
-----	------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	--------------------	-------------------

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Purchase Money

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates
to a community debt

Date debt was incurred _____ Last 4 digits of account number 8 5 1 2

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,962.46

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$17,962.46

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Norman	Dee	Johnson
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	Nina	DeAnne	Johnson
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)			<input type="checkbox"/> Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority amount	Nonpriority amount
\$1.00	\$1.00	\$0.00

2.1

Annette Mack

Priority Creditor's Name

414 Thomas Road

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Lynchburg VA 24501

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Child Support

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.2 _____ **\$313.81** _____ **\$313.81** _____ **\$0.00**

City of Lynchburg

Priority Creditor's Name

Billings and Collections

Number Street

PO Box 9000

Last 4 digits of account number **9 3 7 5**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Lynchburg VA 24505
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Is the claim subject to offset?

- No
- Yes

2019 Personal Property Taxes

2.3 _____ **\$1.00** _____ **\$1.00** _____ **\$0.00**

Department of Child Support Enforcement

Priority Creditor's Name

2127 Lakeside Drive

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Lynchburg VA 24501
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify _____

Is the claim subject to offset?

- No
- Yes

Child Support

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.4	\$1.00	\$1.00	\$0.00
-----	--------	--------	--------

Sheila Williams

Priority Creditor's Name

1015 Florida Avenue

Number Street

Last 4 digits of account number

When was the debt incurred?

Lynchburg **VA** **24504**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify

Is the claim subject to offset?

- No
- Yes

Child Support

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1</div> <p>Acadia General Hospital Nonpriority Creditor's Name PO Box 1389 Number Street</p> <hr/> <p>Crowley LA 70527 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 9 3 9 6</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>	\$594.83
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.2</div> <p>Advance Financial Nonpriority Creditor's Name ATTN: Virginia Billing Number Street 100 Oceanside Dr</p> <hr/> <p>Nashville TN 37204 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3 9 1 7</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Line of Credit</p>	\$1,077.89

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3	Appalachian Power Nonpriority Creditor's Name PO Box 24401 Number Street _____	Last 4 digits of account number _____
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility
		Is the claim subject to offset?
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.4	\$405.86	
Bull City Financial Solutions Nonpriority Creditor's Name 1107 W Main St., Ste. 201 Number Street _____		Last 4 digits of account number 6 3 5 1
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for -
		Is the claim subject to offset?
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.5	\$131.53	
Bull City Financial Solutions Nonpriority Creditor's Name 1107 W Main St., Ste. 201 Number Street _____		Last 4 digits of account number _____
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for -
		Is the claim subject to offset?
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.5	\$1,850.00	
Durham NC 27701 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Last 4 digits of account number _____
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for -
		Is the claim subject to offset?
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6	<p>CenterPoint Energy Nonpriority Creditor's Name PO Box 4981 Number Street</p> <p>Houston TX 77210 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$45.77
<p>Last 4 digits of account number <u>2 6 6 2</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility</p>		
<p>4.7</p> <p>Centra Emergency Services Nonpriority Creditor's Name 2010 Atherholt Rd Number Street</p> <p>Lynchburg VA 24501 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		\$783.00
<p>Last 4 digits of account number <u>A 2 2 1</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		
<p>4.8</p> <p>Centra Health Nonpriority Creditor's Name Attn Bankruptcy Number Street 1920 Atherholt Rd</p> <p>Lynchburg VA 24501 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		\$2,576.11
<p>Last 4 digits of account number <u> </u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9	<p>Centra Health Nonpriority Creditor's Name Attn Bankruptcy Number Street 1920 Atherholt Rd</p> <p>Lynchburg VA 24501 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$294.56
<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		
<p>4.10</p> <p>Centra Medical Group Nonpriority Creditor's Name 2010 Atherholt Rd Number Street</p> <p>Lynchburg VA 24501 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		\$304.04
<p>4.11</p> <p>Central Virginia Family Physicians Nonpriority Creditor's Name PO Box 14099 Number Street</p> <p>Belfast ME 04915 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
		\$564.04

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

\$30.86

Central Virginia Family Physicians

Nonpriority Creditor's Name

PO Box 14099

Number Street

Last 4 digits of account number 8 0 4 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Belfast ME 04915

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Bill**

4.13

\$56.41

Central Virginia Imaging, LLC

Nonpriority Creditor's Name

113 Nationwide Dr

Number Street

Last 4 digits of account number 7 4 6 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Lynchburg VA 24502

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Bill**

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.14

\$100.00

Citation Collection Services

Nonpriority Creditor's Name

PO Box 80239

Number Street

Last 4 digits of account number **6 6 0 0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Indianapolis IN 46280

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Parking Citations (UVA)

4.15

\$1.00

Cleco Power, LLC

Nonpriority Creditor's Name

PO Box 660228

Number Street

Last 4 digits of account number **8 0 0 1**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Dallas TX 75266

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Utility**

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$260.18

4.16	Comcast Cable Nonpriority Creditor's Name PO Box 2127 Number Street _____	Last 4 digits of account number <u>1 4 6 4</u>
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Norcross GA 30091 City State ZIP Code	Type of NONPRIORITY unsecured claim:
	Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Other
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

4.17	Credit One Bank, NA Nonpriority Creditor's Name PO Box 98873 Number Street _____	Last 4 digits of account number <u>0 5 7 2</u>
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Las Vegas NV 89193-8873 City State ZIP Code	Type of NONPRIORITY unsecured claim:
	Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

4.18	Creditors Collection Service Nonpriority Creditor's Name PO Box 21504 Number Street _____	Last 4 digits of account number <u>x x x x</u>
		When was the debt incurred? _____
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Roanoke VA 24018 City State ZIP Code	Type of NONPRIORITY unsecured claim:
	Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for -
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.19

\$61.47

Dentegra Insurance Company

Nonpriority Creditor's Name

PO Box 1850

Number Street

Last 4 digits of account number **0 2 5 0**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Alpharetta GA 30023

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Insurance**

4.20

\$62,285.00

Fedloan Servicing

Nonpriority Creditor's Name

US Department of Education

Number Street

PO Box 69184

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Harrisburg PA 17106

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Student Loan**

4.21

\$571.46

Fingerhut Advantage

Nonpriority Creditor's Name

PO Box 166

Number Street

Last 4 digits of account number **5 7 8 6**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Newark NJ 07101

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.22

\$277.43

First Premier Bank

Nonpriority Creditor's Name

Attn: Bankruptcy Department

Number Street

PO Box 5524

Sioux Falls SD 57117-5524

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 8 7 3

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

4.23

\$706.00

Indigo/ Bankcard Services

Nonpriority Creditor's Name

PO Box 4499

Number Street

Beaverton OR 97076

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number x x x x

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Charge Off

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24

\$182.00

Laboratory Corp of America Holdings

Nonpriority Creditor's Name

Attn: Bankruptcy Dept

Number Street

PO Box 2240

Burlington NC 27216-2240

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.25

\$55.29

Opelousas Radiology Group, LTD

Nonpriority Creditor's Name

PO Box 52069

Number Street

Lafayette LA 70505

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 3 1 A

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.26

\$107.00

Pathology Consultants of Central VA

Nonpriority Creditor's Name

1914 Thomson Drive

Number Street

Lynchburg VA 24501

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 9 3 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$103.00

Progressive Leasing

Nonpriority Creditor's Name

256 West Data Drive

Number Street

Last 4 digits of account number 5 1 7 2

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Draper **UT** **84020**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Lease

4.28

\$135.00

Radiology Consultants of Lynchburg

Nonpriority Creditor's Name

113 Nationwide Drive

Number Street

Last 4 digits of account number 5 0 4 4

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Lynchburg **VA** **24502**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.29

\$20.27

Radiology Consultants of Lynchburg

Nonpriority Creditor's Name

113 Nationwide Drive

Number Street

Last 4 digits of account number 9 9 9 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Lynchburg **VA** **24502**

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.30

\$30,346.71

The Rector & Visitors of the UVA

Nonpriority Creditor's Name

PO Box 400222

Number Street

Last 4 digits of account number **0 5 0 2**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Charlottesville VA 22904

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Bill**

4.31

\$865.00

Transfinancial Companies

Nonpriority Creditor's Name

PO Box 80103

Number Street

Last 4 digits of account number **x x x x**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Baton Rouge LA 70898

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Collecting for -**

4.32

\$6,223.92

University of Virginia Health System

Nonpriority Creditor's Name

Physicians Group

Number Street

PO Box 9007

Last 4 digits of account number **— — — —**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Charlottesville VA 22906

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Bill**

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$37.49

University of Virginia Medical Center

Nonpriority Creditor's Name

PO Box 800750

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlottesville VA 22908

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.34

\$41.92

University of Virginia Pharmacy Services

Nonpriority Creditor's Name

PO Box 800674

Number Street

Last 4 digits of account number **9 4 6 1**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Charlottesville VA 22908

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.35

\$1,381.00

US Career Institute

Nonpriority Creditor's Name

2001 Lowe Street

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Fort Collins CO 80525

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Other

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.36

\$1,381.00

USCB Corporation

Nonpriority Creditor's Name

PO Box 75

Number Street

Last 4 digits of account number 6 7 3 4

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Archbald PA 18403

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Other

4.37

\$25.93

UVA Imaging

Nonpriority Creditor's Name

PO Box 637248

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Cincinnati OH 45263

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

4.38

\$15.68

UVA Physicians Group

Nonpriority Creditor's Name

PO Box 9007

Number Street

Last 4 digits of account number 6 8 6 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Charlottesville VA 22906

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify
Medical Bill

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.39

\$1,309.25

Western Alliance Bank

Nonpriority Creditor's Name

PO box 927830

Number Street

Last 4 digits of account number **0 3 0 1**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

San Diego CA 92192

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

4.40

\$202.00

Women's Health Services of Central VA

Nonpriority Creditor's Name

114 Nationwide Dr

Number Street

Last 4 digits of account number **5 0 4 8**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Lynchburg VA 24502

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Bill**

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Accounts Receivable ManagementName
PO Box 75
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsCity **Archbald** State **PA** ZIP Code **18403**

Last 4 digits of account number _____

Albemarle Circuit CourtName
501 East Jefferson St
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsCity **Charlottesville** State **VA** ZIP Code **22902**

Last 4 digits of account number _____

Albemarle General District CourtName
501 E Jefferson St.
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsCity **Charlottesville** State **VA** ZIP Code **22902**

Last 4 digits of account number _____

American Medical Collection AgencyName
4 Westchester Plaza Ste 110
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsCity **Elmsford** State **NY** ZIP Code **10523**

Last 4 digits of account number _____

Booth, Strange & DanielName
Mary Costello Daniel, Esq.
Number Street
45 E Boscawen Street, 3rd Floor

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsCity **Winchester** State **VA** ZIP Code **22601**

Last 4 digits of account number _____

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Credit Control Corporation On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
PO Box 120568
Number Street _____

Line 4.32 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Newport News **VA** **23612** Last 4 digits of account number _____
City _____ State _____ ZIP Code _____

Creditors Collection Service On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
PO Box 21504
Number Street _____

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Roanoke **VA** **24018** Last 4 digits of account number _____
City _____ State _____ ZIP Code _____

Focused Recovery Solutions On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
9701 Metropolitan Ct, Ste. B
Number Street _____

Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Richmond **VA** **23236** Last 4 digits of account number _____
City _____ State _____ ZIP Code _____

Frost - Arnett Company On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
PO Box 1022
Number Street _____

Line 4.37 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Wixom **MI** **48393** Last 4 digits of account number _____
City _____ State _____ ZIP Code _____

Jefferson Capital Systems On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
PO Box 7999
Number Street _____

Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Saint Cloud **MN** **56302** Last 4 digits of account number _____
City _____ State _____ ZIP Code _____

Portfolio Recovery Associates, LLC On which entry in Part 1 or Part 2 did you list the original creditor?

Name _____
PO Box 41067
Number Street _____

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Norfolk **VA** **23541** Last 4 digits of account number _____
City _____ State _____ ZIP Code _____

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

SCA Credit Services, Inc.

Name
1502 Williamson Rd NE
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Roanoke **VA** **24012**
City State ZIP Code

University of Virginia Medical Center

Name
PO Box 800750
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlottesville **VA** **22908**
City State ZIP Code

USCB Corporation

Name
PO Box 75
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Archbald **PA** **18403**
City State ZIP Code

Va Department of Social Services DCSE

Name
801 E Main Street
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Richmond **VA** **23219**
City State ZIP Code

Wayfair, LLC

Name
4 Copley Place, 7th Floor
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Boston **MA** **02116**
City State ZIP Code

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. <u>\$2.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$314.81</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	6d. <u>\$316.81</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. <u>\$0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$116,367.85</u>
6j. Total. Add lines 6f through 6i.	6j. <u>\$116,367.85</u>

Fill in this information to identify your case:

Debtor 1	<u>Norman</u> First Name	<u>Dee</u> Middle Name	<u>Johnson</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Nina</u> First Name	<u>DeAnne</u> Middle Name	<u>Johnson</u> Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)	_____		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- 1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
 No
 Yes
- 2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
 No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes
- 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	<u>Norman</u> First Name	<u>Dee</u> Middle Name	<u>Johnson</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Nina</u> First Name	<u>DeAnne</u> Middle Name	<u>Johnson</u> Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Progressive Leasing

Name

Number Street

**90 Day Lease to Own Agreement (Comforter Set purchased via Wayfair)
Contract to be ASSUMED**

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	Norman First Name	Dee Middle Name	Johnson Last Name
Debtor 2 (Spouse, if filing)	Nina First Name	DeAnne Middle Name	Johnson Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status	Debtor 1	Debtor 2 or non-filing spouse
	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Cab Driver	
Employer's name	UVA Medical Center	
Employer's address	914 Emmet Street N	
Number Street	Number Street	
City	State	Zip Code

How long employed there? **37 Years**

1 1/2 Years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. + \$441.67	\$2,580.21
3. Estimate and list monthly overtime pay.	3. + \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$441.67	\$2,580.21

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔ 4.	\$441.67	\$2,580.21
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	\$383.44
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$10.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$219.42
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: Parking	5h. + \$0.00	\$22.92
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$0.00</u>	\$635.78
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$441.67</u>	\$1,944.43
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$0.00	\$0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$0.00	\$0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$418.00	\$0.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$418.00</u>	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$859.67</u>	+ <u>\$1,944.43</u> = <u>\$2,804.10</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		12. <u>\$2,804.10</u>
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.	Co-Debtor will receive a 6% raise in September/October.	
<input checked="" type="checkbox"/> Yes. Explain:	_____	

Fill in this information to identify your case:

Debtor 1	Norman First Name	Dee Middle Name	Johnson Last Name
Debtor 2 (Spouse, if filing)	Nina First Name	DeAnne Middle Name	Johnson Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)			

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Do not state the dependents' names.

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

Your expenses

4. **\$615.00**
(Rent)

4b. Property, homeowner's, or renter's insurance

4a. _____

4c. Home maintenance, repair, and upkeep expenses

4b. _____

4d. Homeowner's association or condominium dues

4c. **\$70.00**

4d. _____

Debtor 1	Norman Dee Johnson	Case number (if known)	_____
Debtor 2	Nina DeAnne Johnson	Your expenses _____	
5. Additional mortgage payments for your residence, such as home equity loans 5. _____			
6. Utilities:			
6a. Electricity, heat, natural gas	(Electric)	6a. _____	\$200.00
6b. Water, sewer, garbage collection	(See continuation sheet(s) for details)		6b. _____ \$51.00
6c. Telephone, cell phone, Internet, satellite, and cable services	(See continuation sheet(s) for details)		6c. _____ \$321.00
6d. Other. Specify: _____	6d. _____		
7. Food and housekeeping supplies 7. _____ \$400.00			
8. Childcare and children's education costs 8. _____			
9. Clothing, laundry, and dry cleaning 9. _____			
10. Personal care products and services 10. _____			
11. Medical and dental expenses 11. _____			
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	(See continuation sheet(s) for details)		12. _____ \$310.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. _____			
14. Charitable contributions and religious donations 14. _____			
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a. _____		
15b. Health insurance	15b. _____		
15c. Vehicle insurance	15c. _____		\$200.00
15d. Other insurance. Specify: _____	15d. _____		
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>See continuation sheet</u>	16. _____		\$28.00
17. Installment or lease payments:			
17a. Car payments for Vehicle 1 2011 Acura MDX	17a. _____		\$495.00
17b. Car payments for Vehicle 2	17b. _____		
17c. Other. Specify: _____	17c. _____		
17d. Other. Specify: _____	17d. _____		
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____		
19. Other payments you make to support others who do not live with you. Specify: _____	19. _____		

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: See continuation sheet

21. + **\$46.00**

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. _____
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$2,736.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$2,804.10
23b. Copy your monthly expenses from line 22c above.	23b. - \$2,736.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$68.10

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:
None.

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

6b. Water, sewer, garbage collection (details):

Water	\$44.00
Trash Pick-Up	\$7.00
Total:	\$51.00

6c. Telephone, cell phone, Internet, satellite, and cable services (details):

Cell Phones	\$108.00
Internet	\$100.00
Dish Network	\$100.00
Netflix	\$13.00
Total:	\$321.00

12. Transportation (details):

UVA Parking	\$110.00
Gas/Transportation	\$200.00
Total:	\$310.00

16. Other taxes (details):

Personal Property	\$28.00
Total:	\$28.00

21. Other. Specify:

Planet Fitness	\$21.00
Credit Card Processing Fee (cab fare transactions)	\$25.00
Total:	\$46.00

Fill in this information to identify your case:

Debtor 1	<u>Norman</u> First Name	<u>Dee</u> Middle Name	<u>Johnson</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Nina</u> First Name	<u>DeAnne</u> Middle Name	<u>Johnson</u> Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$23,488.05
1c. Copy line 63, Total of all property on Schedule A/B.....	\$23,488.05

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$17,962.46
-------------------------------------------------------------------------------------------------------------------------	--------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$316.81
-----------------------------------------------------------------------------------------------------	-----------------

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$116,367.85
--------------------------------------------------------------------------------------------------------	-----------------------

Your total liabilities

\$134,647.12

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$2,804.10
-------------------------------------------------------------------	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$2,736.00
-------------------------------------------------------------	-------------------

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$3,463.55

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	\$2.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$314.81
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$316.81

Fill in this information to identify your case:

Debtor 1	<u>Norman</u> First Name	<u>Dee</u> Middle Name	<u>Johnson</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Nina</u> First Name	<u>DeAnne</u> Middle Name	<u>Johnson</u> Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Norman Dee Johnson
Norman Dee Johnson, Debtor 1

Date 08/27/2019
MM / DD / YYYY

X /s/ Nina DeAnne Johnson
Nina DeAnne Johnson, Debtor 2

Date 08/27/2019
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Norman</u> First Name	<u>Dee</u> Middle Name	<u>Johnson</u> Last Name
Debtor 2 (Spouse, if filing)	<u>Nina</u> First Name	<u>DeAnne</u> Middle Name	<u>Johnson</u> Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF VIRGINIA</u>			
Case number (if known)	_____		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$3,275.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$18,708.57
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$26,204.00
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business		<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$21,268.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	Social Security	\$3,344.00		
For the last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	Social Security	\$4,932.00		
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	Social Security	\$4,932.00		

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Annette Mack Insider's name 414 Thomas Road Number Street	Monthly	\$210.00		Child Support
Lynchburg City	VA State	24501 ZIP Code		
Sheila Williams Insider's name 1015 Florida Avenue Number Street	Dates of payment Weekly	Total amount paid \$53.25	Amount you still owe	Reason for this payment Child Support
Lynchburg City	VA State	24504 ZIP Code		

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title **UVA Medical Center v. Nina Johnson**
 Nature of the case **Garnishment Summons**
 Hearing: 7/25/19

Case number **CL14-1005-02**

Court or agency	Status of the case	
Albemarle County Circuit Court	<input type="checkbox"/> Pending	
Court Name	<input type="checkbox"/> On appeal	
501 E Jefferson Street	<input checked="" type="checkbox"/> Concluded	
Number Street		
Charlottesville	VA	22902
City	State	ZIP Code

Case title **The Rector & Visitors of UVA v. Norman & Nina Johnson**
 Nature of the case **Warrant in Debt**
 Hearing: 2/7/19

Case number **GV19001041-00**

Court or agency	Status of the case	
Albemarle General District Court	<input type="checkbox"/> Pending	
Court Name	<input type="checkbox"/> On appeal	
Number Street	<input checked="" type="checkbox"/> Concluded	
City	State	ZIP Code

Case title **The Rector & Visitors of UVA v. Nina Johnson**
 Nature of the case **Garnishments Summons**
 Hearing: 10/3/19

Case number **GV19001041-01**

Court or agency	Status of the case	
Albemarle General District Court	<input checked="" type="checkbox"/> Pending	
Court Name	<input type="checkbox"/> On appeal	
501 E Jefferson Street	<input type="checkbox"/> Concluded	
Number Street		
Charlottesville	VA	22902
City	State	ZIP Code

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

	Describe the property	Date	Value of the property
UVA Medical Center Creditor's Name	Garnished Wages (as of 8/16/19)		\$2,766.26
501 E Jefferson Street Number Street	Explain what happened		
Charlottesville VA 22902 City State ZIP Code	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Debtor 1 **Norman Dee Johnson**
 Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

No

Yes. Fill in the details.

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Stranger Person Who Received Transfer	Description and value of any property transferred 2000 Ford Windstar	Describe any property or payments received or debts paid in exchange \$2,200.00	Date transfer was made 7/2019
------------------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	-----------------------------------------

Number Street

City State ZIP Code

Person's relationship to you _____

Louise Johnson Person Who Received Transfer	Description and value of any property transferred 2000 Lincoln Town Car 125K Miles, needs tires and tune-up. (TAV = \$1,350)	Describe any property or payments received or debts paid in exchange	Date transfer was made 7/2019
------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------

Number Street

City State ZIP Code

Person's relationship to you **Mother**

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No

Yes. Fill in the details.

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Norman Dee Johnson
Norman Dee Johnson, Debtor 1

X /s/ Nina DeAnne Johnson
Nina DeAnne Johnson, Debtor 2

Date 08/27/2019

Date 08/27/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Norman	Dee	Johnson
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
	Nina	DeAnne	Johnson
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Exeter Finance, LLC**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]:

- No
- Yes

Description of property securing debt: **2011 Acura MDX**

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **Progressive Leasing**

No

Description of leased property: **90 Day Lease to Own Agreement (Comforter Set purchased via Wayfair)**

Yes

Debtor 1 Norman Dee Johnson
Debtor 2 Nina DeAnne Johnson

Case number (if known) _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Norman Dee Johnson
Norman Dee Johnson, Debtor 1

X /s/ Nina DeAnne Johnson
Nina DeAnne Johnson, Debtor 2

Date 08/27/2019
MM / DD / YYYY

Date 08/27/2019
MM / DD / YYYY

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

In re **Norman Dee Johnson**
Nina DeAnne Johnson

Case No. _____

Chapter **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$1,103.00
Prior to the filing of this statement I have received.....	\$1,103.00
Balance Due.....	\$0.00

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/27/2019

Date

/s/ Margaret C. Valois

*Margaret C. Valois
James River Legal Associates
7601 Timberlake Road
Lynchburg, VA 24502
Phone: (434) 845-4529 / Fax: (434) 845-8536*

Bar No. 66034

/s/ Norman Dee Johnson

Norman Dee Johnson

/s/ Nina DeAnne Johnson

Nina DeAnne Johnson

Debtor(s): **Norman Dee Johnson**
Nina DeAnne JohnsonCase No:
Chapter: 7**WESTERN DISTRICT OF VIRGINIA**
LYNCHBURG DIVISIONAcadia General Hospital
PO Box 1389
Crowley, LA 70527CenterPoint Energy
PO Box 4981
Houston, TX 77210Credit Control Corporation
PO Box 120568
Newport News, VA 23612Accounts Receivable Management
PO Box 75
Archbald, PA 18403Centra Emergency Services
2010 Atherholt Rd
Lynchburg, VA 24501Credit One Bank, NA
PO Box 98873
Las Vegas, NV 89193-8873Advance Financial
ATTN: Virginia Billing
100 Oceanside Dr
Nashville, TN 37204Centra Health
Attn Bankruptcy
1920 Atherholt Rd
Lynchburg, VA 24501Creditors Collection Service
PO Box 21504
Roanoke, VA 24018Albemarle Circuit Court
501 East Jefferson St
Charlottesville, VA 22902Centra Medical Group
2010 Atherholt Rd
Lynchburg, VA 24501Dentegra Insurance Company
PO Box 1850
Alpharetta, GA 30023Albemarle General District Cour
501 E Jefferson St.
Charlottesville, VA 22902Central Virginia Family Physici
PO Box 14099
Belfast, ME 04915Department of Child Support Enf
2127 Lakeside Drive
Lynchburg, VA 24501American Medical Collection Age
4 Westchester Plaza Ste 110
Elmsford, NY 10523Central Virginia Imaging, LLC
113 Nationwide Dr
Lynchburg, VA 24502Exeter Finance, LLC
PO Box 166097
Irving, TX 75016Annette Mack
414 Thomas Road
Lynchburg, VA 24501Citation Collection Services
PO Box 80239
Indianapolis, IN 46280Fedloan Servicing
US Department of Education
PO Box 69184
Harrisburg, PA 17106Appalachian Power
PO Box 24401
Canton, OH 44701City of Lynchburg
Billings and Collections
PO Box 9000
Lynchburg, VA 24505Fingerhut Advantage
PO Box 166
Newark, NJ 07101Booth, Strange & Daniel
Mary Costello Daniel, Esq.
45 E Boscowen Street, 3rd Floor
Winchester, VA 22601Cleco Power, LLC
PO Box 660228
Dallas, TX 75266First Premier Bank
Attn: Bankruptcy Department
PO Box 5524
Sioux Falls, SD 57117-5524Bull City Financial Solutions
1107 W Main St., Ste. 201
Durham, NC 27701Comcast Cable
PO Box 2127
Norcross, GA 30091Focused Recovery Solutions
9701 Metropolitan Ct, Ste. B
Richmond, VA 23236

Debtor(s): **Norman Dee Johnson**
Nina DeAnne Johnson

Case No:
Chapter: **7**

WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

Frost - Arnett Company
PO Box 1022
Wixom, MI 48393

Progressive Leasing
256 West Data Drive
Draper, UT 84020

US Career Institute
2001 Lowe Street
Fort Collins, CO 80525

Indigo/ Bankcard Services
PO Box 4499
Beaverton, OR 97076

Progressive Leasing

USCB Corporation
PO Box 75
Archbald, PA 18403

Internal Revenue Service
Insolvency Unit
400 N 8th St No. 76
Richmond, VA 23219

Radiology Consultants of Lynchb:
113 Nationwide Drive
Lynchburg, VA 24502

UVA Imaging
PO Box 637248
Cincinnati, OH 45263

Internal Revenue Service
P O Box 7346
Philadelphia, PA 19114-7346

SCA Credit Services, Inc.
1502 Williamson Rd NE
Roanoke, VA 24012

UVA Physicians Group
PO Box 9007
Charlottesville, VA 22906

Jefferson Capital Systems
PO Box 7999
Saint Cloud, MN 56302

Sheila Williams
1015 Florida Avenue
Lynchburg, VA 24504

Va Department of Social Service
801 E Main Street
Richmond, VA 23219

Laboratory Corp of America Hold
Attn: Bankruptcy Dept
PO Box 2240
Burlington, NC 27216-2240

The Rector & Visitors of the UV.
PO Box 400222
Charlottesville, VA 22904

Va Department Of Taxation
Bankruptcy Unit
P O Box 2156
Richmond, VA 23218-0000

Margaret C. Valois
James River Legal Associates
7601 Timberlake Road
Lynchburg, VA 24502

Transfinancial Companies
PO Box 80103
Baton Rouge, LA 70898

Wayfair, LLC
4 Copley Place, 7th Floor
Boston, MA 02116

Opelousas Radiology Group, LTD
PO Box 52069
Lafayette, LA 70505

University of Virginia Health S
Physicians Group
PO Box 9007
Charlottesville, VA 22906

Western Alliance Bank
PO box 927830
San Diego, CA 92192

Pathology Consultants of Centra
1914 Thomson Drive
Lynchburg, VA 24501

University of Virginia Medical
PO Box 800750
Charlottesville, VA 22908

Women's Health Services of Cent
114 Nationwide Dr
Lynchburg, VA 24502

Portfolio Recovery Associates, :
PO Box 41067
Norfolk, VA 23541

University of Virginia Pharmacy
PO Box 800674
Charlottesville, VA 22908

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
LYNCHBURG DIVISION

IN RE: **Norman Dee Johnson**
Nina DeAnne Johnson

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 8/27/2019

Signature */s/ Norman Dee Johnson*
Norman Dee Johnson

Date 8/27/2019

Signature */s/ Nina DeAnne Johnson*
Nina DeAnne Johnson

Fill in this information to identify your case:			
Debtor 1	Norman First Name	Dee Middle Name	Johnson Last Name
Debtor 2 (Spouse, if filing)	Nina First Name	DeAnne Middle Name	Johnson Last Name
United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA			
Case number (if known) _____			
Check one box only as directed in this form and in Form 122A-1Supp:			
<input checked="" type="checkbox"/> 1. There is no presumption of abuse.			
<input type="checkbox"/> 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).			
<input type="checkbox"/> 3. The Means Test does not apply now because of qualified military service but it could apply later.			
<input type="checkbox"/> Check if this is an amended filing			

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$441.67	\$2,580.21
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Column A
Debtor 1**Column B**
**Debtor 2 or
non-filing spouse****5. Net income from operating a business, profession, or farm**

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	Copy here → <u>\$0.00</u> <u>\$0.00</u>

6. Net income from rental and other real property

	Debtor 1	Debtor 2	
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here → <u>\$0.00</u> <u>\$0.00</u>

7. Interest, dividends, and royalties**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you..... **\$0.00**

For your spouse..... **\$0.00**

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. **\$0.00** **\$0.00**

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Louise Johnson (Mother) **\$441.67**

Total amounts from separate pages, if any.

+ +

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$883.34 + **\$2,580.21** = **\$3,463.55**

Total current monthly income

Debtor 1 **Norman Dee Johnson**
Debtor 2 **Nina DeAnne Johnson**

Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. **\$3,463.55**

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. **\$41,562.60**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Virginia

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household..... 13. **\$77,904.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.
Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Norman Dee Johnson

Norman Dee Johnson, Debtor 1

X /s/ Nina DeAnne Johnson

Nina DeAnne Johnson, Debtor 2

Date 8/27/2019

MM / DD / YYYY

Date 8/27/2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.